

Fill in this information to identify the case:

Debtor name Innovate Loan Servicing Corporation
United States Bankruptcy Court for the: Northern District of Texas
(State)
Case number (If known): 24-42243-MXM11V

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 703,248.94

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 703,248.94

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 72,992.78

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+\$ 2,646,270.49

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 2,719,263.27

Fill in this information to identify the case:Debtor name Innovate Loan Servicing CorporationUnited States Bankruptcy Court for the: Northern District of TexasCase number (If known): 24-42243-MXM11V Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest		
2. Cash on hand	\$ <u>0.00</u>		
3. Checking, savings, money market, or financial brokerage accounts (<i>Identify all</i>)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <u>Wells Fargo Checking - Master</u>	<u>Checking</u>	<u>0 0 2 0</u>	<u>\$ 157,955.00</u>
3.2. _____	_____	_____	<u>\$ _____</u>
4. Other cash equivalents (<i>Identify all</i>)			
4.1. _____	_____		\$ _____
4.2. _____	_____		\$ _____
5. Total of Part 1	<u>\$ 157,955.00</u>		
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.			

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- No. Go to Part 3.
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

Description, including name of holder of deposit	Current value of debtor's interest
7.1. <u>Mercantile Partners, L.P. (Landlord)</u>	<u>\$ 17,647.50</u>
7.2. _____	<u>\$ _____</u>

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. Prepaid Insurance _____ \$ 22,000.00
 8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 39,647.50**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- No. Go to Part 4.
 Yes. Fill in the information below.

Current value of debtor's interest**11. Accounts receivable**

11a. 90 days old or less:	<u>400,224.00</u>	- <u>0.00</u>	= ➔	\$ <u>400,224.00</u>
	face amount	doubtful or uncollectible accounts		
11b. Over 90 days old:	<u>0.00</u>	- <u>0.00</u>	= ➔	\$ <u>0.00</u>
	face amount	doubtful or uncollectible accounts		

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 400,224.00**Part 4: Investments****13. Does the debtor own any investments?**

- No. Go to Part 5.
 Yes. Fill in the information below.

Valuation method used for current value**Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____	_____	\$ _____
14.2. _____	_____	\$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____	_____ %	_____	\$ _____
15.2. _____	_____ %	_____	\$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____	_____	\$ _____
16.2. _____	_____	\$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?** No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials

_____ MM / DD / YYYY \$ _____ \$ _____

20. Work in progress

_____ MM / DD / YYYY \$ _____ \$ _____

21. Finished goods, including goods held for resale

_____ MM / DD / YYYY \$ _____ \$ _____

22. Other inventory or supplies

_____ MM / DD / YYYY \$ _____ \$ _____

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ _____

24. Is any of the property listed in Part 5 perishable?

- No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?** No. Go to Part 7. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

_____ \$ _____ \$ _____

29. Farm animals Examples: Livestock, poultry, farm-raised fish

_____ \$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

_____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

_____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

_____ \$ _____ \$ _____

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative? No Yes. Is any of the debtor's property stored at the cooperative? No Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?** No Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture	\$ _____	_____	\$ _____
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
Fixed Assets	\$ 209,736.00	Book Value	\$ 32,709.00
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____
43. Total of Part 7.			\$ 32,709.00
Add lines 39 through 42. Copy the total to line 86.			

44. Is a depreciation schedule available for any of the property listed in Part 7? No Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?** No Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment
(excluding farm machinery and equipment)**

\$ _____	_____	\$ _____
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Part 9: Real property**54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Leasehold Estate - 3001 Meacham Blvd, Fort Worth, TX 76137		\$ _____		\$ 0.00
55.1				
55.2		\$ _____		\$ _____
55.3		\$ _____		\$ _____
56. Total of Part 9.				0.00
				Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____		\$ _____
61. Internet domain names and websites	\$ _____		\$ _____
62. Licenses, franchises, and royalties	\$ _____		\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____		\$ _____
64. Other intangibles, or intellectual property	\$ _____		\$ _____
65. Goodwill	\$ _____		\$ _____
66. Total of Part 10.			\$ _____
			Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)	0.00	-	0.00	= ➔	\$ 0.00
	Total face amount	doubtful or uncollectible amount			

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

	Tax year _____	\$ _____
	Tax year _____	\$ _____
	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

	\$ _____
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74. Causes of action against third parties (whether or not a lawsuit has been filed)

Final Judgment against Lowcountry Truck & Auto, LLC f/b/o Monac	\$ 0.00
Nature of claim	Receivables Purchase Agreement
Amount requested	\$ 236,622.08

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Backup Servicing A/R	\$ 6,000.00
Nature of claim	Backup Servicing A/R
Amount requested	\$ 6,000.00

76. Trusts, equitable or future interests in property

See continuation sheet	\$ 66,713.44
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77. Other property of any kind not already listed Examples: Season tickets, country club membership

	\$ _____
	\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

	\$ 72,713.44
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79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 157,955.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 39,647.50	
82. Accounts receivable. Copy line 12, Part 3.	\$ 400,224.00	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 32,709.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00	
88. Real property. Copy line 56, Part 9. →	\$ 0.00	\$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	
90. All other assets. Copy line 78, Part 11.	+ \$ 72,713.44	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 703,248.94	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	703,248.94	\$ 703,248.94

Debtor 1

First Name Middle Name Last Name

Case number (if known) _____

Continuation Sheet for Official Form 206 A/B**76) Trusts, equitable or future interests in property**

General description	Current value
Innovate Master Trust - Certificate of Trust Ownership (COTO-1) - 541(e)	0.00
Investment in Trust (Medalist)	66,713.44

Fill in this information to identify the case:

Debtor name	Innovate Loan Servicing Corporation
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>
Case number (If known):	<u>24-42243-MXM11V</u>

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 Creditor's name

CapitalSource Bank

Describe debtor's property that is subject to a lien

Filed UCC1

*Column A***Amount of claim**

Do not deduct the value of collateral.

*Column B***Value of collateral that supports this claim**

\$ 0.00

\$ 0.00

Creditor's mailing address

5404 Wisconsin Ave.

2nd Floor, Chevy Chase, MD 20815

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor,

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

2.2 Creditor's name

Dell Financial Services

Describe debtor's property that is subject to a lien

Dell Master Lease Agreement - Filed UCC1
- Computer Equipment

\$63,138.30

\$0.00

Creditor's mailing address

PO Box 5292

Carol Stream, IL 60197-5292

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Have you already specified the relative priority? No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Filed UCC1

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

 Yes. The relative priority of creditors is specified on lines _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 72,992.78

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.3 Creditor's name
IC Depositor LLC

Describe debtor's property that is subject to a lien

Filed UCC1

\$0.00

\$0.00

Creditor's mailing address

4704 Mercantile Drive
Fort Worth, TX 76137

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

2.4 Creditor's name
Innovate Master Trust

Describe debtor's property that is subject to a lien

Filed UCC1

\$0.00

\$0.00

Creditor's mailing address

c/o Delaware Trust Company, as Delaware
251 Little Falls Drive, Wilmington, DE 1980

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.5 Creditor's name
Innovate Master Trust, solely with respect to Series 2022-2 ASTI

Describe debtor's property that is subject to a lien

Filed UCC1

\$0.00

\$0.00

Creditor's mailing address

c/o Delaware Trust Company
251 Little Falls Drive, Wilmington, DE 19801

Creditor's email address, if known

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

No

Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

2.6 Creditor's name
Pagaya Auto Loan Trust

Describe debtor's property that is subject to a lien

Filed UCC1

\$0.00

\$0.00

Creditor's mailing address

c/o Pagaya Investments US LLC
90 Park Avenue, 31st Floor, New York, NY

Creditor's email address, if known

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

No

Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.7 Creditor's name
Pagaya Auto Loan Trust II

Describe debtor's property that is subject to a lien

Filed UCC1

\$0.00

\$0.00

Creditor's mailing address

c/o Pagaya Investments US LLC
90 Park Avenue, 31st Floor, New York, NY

Creditor's email address, if known

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

2.8 Creditor's name
Theorem Main Fund Auto Holdings Trust

Describe debtor's property that is subject to a lien

Filed UCC1

\$0.00

\$0.00

Creditor's mailing address

400 Concar Drive
San Mateo, CA 94402

Creditor's email address, if known

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.9 Creditor's name
Var Technology Finance (Leaf)

Describe debtor's property that is subject to a lien

Filed UCC1 - Barracuda

\$9,854.48

\$0.00

Creditor's mailing address

P.O. Box 5066
Hartford, CT 06102-5066

Creditor's email address, if known

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

2. Creditor's name

Describe debtor's property that is subject to a lien

\$ _____

\$ _____

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

- No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Debtor _____

Innovate Loan Servicing Corporation

Case number (if known) 24-42243-MXM11V

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Fill in this information to identify the case:

Debtor Innovate Loan Servicing Corporation
 United States Bankruptcy Court for the: Northern District of Texas
 Case number (If known) 24-42243-MXM11V

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		
2.2 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		
2.3 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim	
3.1 Nonpriority creditor's name and mailing address 360 TOWING & RECOVERY 5724 ASBURY AVE Fort Worth, TX 76119	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Date or dates debt was incurred _____ Last 4 digits of account number _____	<input type="text"/> \$ 1,050.00
3.2 Nonpriority creditor's name and mailing address [temp]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Innovate Master Trust - ATSI Servicing Supplements (Series 20	<input type="text"/> \$ 0.00
3.3 Nonpriority creditor's name and mailing address ABSOLUTE AUTOMOTIVE INC. 319 DEVOE ST BROOKLYN, NY 11211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Date or dates debt was incurred _____ Last 4 digits of account number _____	<input type="text"/> \$ 381.06
3.4 Nonpriority creditor's name and mailing address Adrytech, LLC PO Box 71277 Phoenix, AZ 85050	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Date or dates debt was incurred _____ Last 4 digits of account number _____	<input type="text"/> \$ 23,475.36
3.5 Nonpriority creditor's name and mailing address Afa Towing & Recovery 1581 West 49 Street Suite 140 Hialeach, FL 33012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account Date or dates debt was incurred _____ Last 4 digits of account number _____	<input type="text"/> \$ 1,250.00
3.6 Nonpriority creditor's name and mailing address ALEJANDRO RUIZ 216 E WIER AV PHOENIX, AZ 85040-2163	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund Date or dates debt was incurred _____ Last 4 digits of account number _____	<input type="text"/> \$ 47.78

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷ Nonpriority creditor's name and mailing address ALEXIS CHRISTINE GOULD 160 South colonial Cortland, OH 44410-1206	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 28.18
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸ Nonpriority creditor's name and mailing address ALS Resolvion (1st Placement) PO BOX 4458 DEPT.450 HOUSTON, TX 77210	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 3,050.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹ Nonpriority creditor's name and mailing address America's AA Pensacola 6615 Mobile Highway PENSACOLA, FL 32526	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 292.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰ Nonpriority creditor's name and mailing address American Asset Recovery Company of Cleaveland M.P.O. Box 606 Oberlin, OH 44074	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 295.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹¹ Nonpriority creditor's name and mailing address American Collateral Recovery of Kansas City 13130 SO 71 Hwy GRANDVIEW, MO 64030	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 200.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ¹²	Nonpriority creditor's name and mailing address American Express 28 Liberty Street New York, NY 10005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 20,584.29
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹³	Nonpriority creditor's name and mailing address American Repo 9737 NW 41 ST # 370 DORAL, FL 33178	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 995.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁴	Nonpriority creditor's name and mailing address Anchor Sales Towing & Recovery LLC (GA) 2963 Joycliff Rd Macon, GA 31211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,400.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁵	Nonpriority creditor's name and mailing address ANIH LE 1479 CARTAGENA AV HAYWARD, CA 94544-6211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 498.01
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶	Nonpriority creditor's name and mailing address ANIKA LATTY 2345 DOUGLAS ST HOLLYWOOD, FL 33020-1427	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 20.05
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ¹⁷	Nonpriority creditor's name and mailing address ANTHONY ERVIN 1521 N 14TH ST De Queen, AR 71832-3931	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 137.18
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁸	Nonpriority creditor's name and mailing address Asset Resolutions Inc.1 14125 Reeveston Rd Houston, TX 77039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 649.50
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁹	Nonpriority creditor's name and mailing address Associates Asset Recovery PO Box 12470 Florence, SC 29504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 2,715.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁰	Nonpriority creditor's name and mailing address AT&T Mobility P.O. Box 6463 Carol Stream, IL 60197-6463	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 13,615.50
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²¹	Nonpriority creditor's name and mailing address Auto Auction Services Corporation Dept 720042 PO, OH 1335	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 7,778.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ²²	Nonpriority creditor's name and mailing address Bel Air Auto Auction PO BOX 200 Belcamp, MD 21017	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 60.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²³	Nonpriority creditor's name and mailing address BELL & WILLIAMS ASSOCIATES INC. P.O. BOX 238 Windham, 0 3087	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 105.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁴	Nonpriority creditor's name and mailing address BlueCross BlueShield of Texas 1501 North Plano Road Richardson, TX 75081	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 19,959.85
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁵	Nonpriority creditor's name and mailing address Bodysnatcherz Repossession Inc. 18270 Westcott Drive Belleville, MI 48111	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,050.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁶	Nonpriority creditor's name and mailing address Box, Inc PO BOX 884666 Los Angeles, CA 90088-4666	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,086.70
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ²⁷	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	BRIANNA LACY 317 GERONIMO RD CHAPARRAL, NM 88081-7522	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 415.60
		Basis for the claim: Borrower Refund	
		Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number _____	<input type="checkbox"/> Yes	
3. ²⁸	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	BRITTANY WASHINGTON 7631 GOUDIN DR Missouri City, TX 77489-2349	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 48.66
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	Burr & Forman LLP PO BOX 830719 Birmingham, AL 35283-0719	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 405.48
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁰	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	CALLTOWER DEPT LA 23615 PASADENA, CA 91185-3615	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,662.21
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³¹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	CarFax 16630 Collection Center Dr Chicago, IL 60693	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,667.75
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ³²	Nonpriority creditor's name and mailing address CARLOS ANTONIO RAMIREZ DELGADO 406 EVERLEEE LANE Mount Juliet, TN 37122	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 40.49
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³³	Nonpriority creditor's name and mailing address CAUSE+EFFECT STRATEGY PO BOX 93100 Rochester, NY 14692	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Services	\$ 20,262.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁴	Nonpriority creditor's name and mailing address CHARLES RICHARDSON 160 CAMINO DE VIDA APT G Santa Barbara, CA 93111-2232	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 1,161.63
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁵	Nonpriority creditor's name and mailing address Charles Caragan 17832 ORANGE TREE LN TUSTIN, CA 92780-2147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 403.17
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁶	Nonpriority creditor's name and mailing address CHRISTINA GENTRY 2776 MUSTANG DR OAKDALE, CA 95361-8352	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 87.08
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ³⁷	Nonpriority creditor's name and mailing address CIT-First-Citizens Bank & Trust Co 21146 Network Place Chicago, IL 60673-1211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 7,532.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁸	Nonpriority creditor's name and mailing address COPART INC 4610 Westamerica Drive Fairfield, CA 94534	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 7,871.94
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁹	Nonpriority creditor's name and mailing address CORECOVERY 9300 Tech Center Drive #190 Sacramento, CA 95826	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 18,444.81
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁰	Nonpriority creditor's name and mailing address Cox Automotive Inc Attn Cox Automotive Atlanta, GA 31193-5634	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 6,396.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴¹	Nonpriority creditor's name and mailing address CrossBridge Global Partners 9542 W. Bethel Crt Boise, ID 83709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Services	\$ 11,408.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ⁴²	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	DALLAS SECURITY SYSTEMS PO BOX 550939 DALLAS, TX 75355-0939	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 239.50
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ⁴³	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	DAMIAN J ARMSTRONG 111 THORNWOOD DR WOODSTOCK, GA 30188-6032	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 190.85
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ⁴⁴	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	DATA OCEANS, LLC Georgia 400 Center Alpharetta, GA 30009	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,177.97
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ⁴⁵	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Datamax PO Box 2235 St. Louis, MO 63139-2235	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,593.20
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ⁴⁶	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Dealertrack PO BOX 6129 New York, NY 10249-6129	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,722.74
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

Part 2: Additional Page

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Amount of claim

3. ⁴⁷	Nonpriority creditor's name and mailing address Decision Dynamics LLC PO Box 1337 Irmo, SC 29063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 2,094.43
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁸	Nonpriority creditor's name and mailing address Defi Solutions Inc. 1500 Solana Blvd, Ste 6400 WESTLAKE, TX 76262	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 1,010,645.16
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁹	Nonpriority creditor's name and mailing address Del Mar Recovery Solutions GP 2177 SALK AVE Carlsbad, CA 92008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 790.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁰	Nonpriority creditor's name and mailing address Delaware Trust Company, as COTO Trustee 2515 Little Falls Drive Wilmington, DE 19808	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Innovate Master Trust Amended and Restated Trust Agreement by and between Innovate Loan Servicing Corporation, as Settlor and Initial Beneficiary	\$ 0.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵¹	Nonpriority creditor's name and mailing address Dell Financial Services PO Box 5292 Carol Stream, IL 60197-5292	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 63,138.30
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ⁵²	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Dell Financial Services L.L.C. Mail Stop - PS2DF-23 One Dell Way Round Rock, TX 78682	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Business Account	
		Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ⁵³	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Dell Financial Services LLC 12234 N. IH-35, Bldg B Austin, TX 78753	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim:	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁴	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	DEMARCO AMURRU SHAK OLIVER 20332 BAGRAM RD Fort Drum, NY 13602-4410	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 379.29
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁵	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	DENIUS LAW P.A. 4767 NEW BROAD ST ORLANDO, FL 32814	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,825.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁶	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Denius Law P.A. 4767 New Broad Street Orlando, FL 32814	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

Line	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
3. ⁵⁷	Digital Recognition Network Inc. 4150 International Plaza Ste 800 Fort Worth, TX 76109	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 9,238.67
		Basis for the claim: Business Account	
		Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ⁵⁸	e-OSCAR Dept 224501 PO, OH 55000	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 127.92
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁹	EAGLE MOUNTAIN-SAGINAW ISD 500 EAST BORDER Arlington, TX 76010	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 499.67
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁰	EDISON L WATKINS 1788 AUSTELL RD APT J9 MARIETTA, GA 30008-4375	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 255.87
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶¹	EDUARDO GALVAN MELLENDEZ 2309 1/2 CLARENDON AVE Huntington Park, CA 90255-3517	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 791.25
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
3. ⁶² Elsker Inc. (dba Fuse) 1460 Broadway, Ste 4029 New York, NY 10036	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 33,334.00
	Basis for the claim: Business Account	
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. ⁶³ EQUIFAX Verification Services 4076 PayShpere Circle Chicago, IL 60674-4076	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 113.66
	Basis for the claim: Business Account	
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. ⁶⁴ EVERARDO BONILLA CARMONA 2725 FOREST BV JACKSONVILLE, FL 32246-3415	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 59.49
	Basis for the claim: Borrower Refund	
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. ⁶⁵ Excuseure 72 VAN REIPEN AVE PMB #27 Jersey City, 0 7306	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,238.45
	Basis for the claim: Business Account	
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		
3. ⁶⁶ FedEx PO Box 660481 Dallas, TX 75266-0481	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,572.93
	Basis for the claim: Business Account	
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____		

Part 2: Additional Page

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Amount of claim

3. ⁶⁷	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Financial Adjusters Inc 1634 Macarthur Rd WHITEHALL, PA 18052	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 505.00
		Basis for the claim: Business Account	
		Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number _____	<input type="checkbox"/> Yes	
3. ⁶⁸	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	GABRIEL VILLALVAZO 1209 APODACA ST SW ALBUQUERQUE, NM 87121-8001	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 246.95
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
⁶⁹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	GATA Recovery LLC 4 E Cherry St Statesboro, GA 30458	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 350.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
⁷⁰	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	GERARDO ALONSO GOMEZ-FERNANDEZ 20 3rd ave Trenton, NJ 08619-3256	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,196.91
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
⁷¹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Guardian PO Box 677458 Dallas, TX 75267-7458	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,476.31
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	

Part 2: Additional Page

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Amount of claim

3. ⁷²	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Guardian Services LLC PO Box 641387 Kenner, LA 70064	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 725.00
		Basis for the claim: Business Account	
		Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number _____	<input type="checkbox"/> Yes	
3. ⁷³	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	GUTHRIE TOWING & RECOVERY 6222 EAST COUNTY RD GUTHRIE, OK 73044	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 450.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
⁷⁴	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	GUY PAUL THIBODEAUX 1983 BURMA RD THIBODEAUX, LA 70301-5793	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 699.43
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
⁷⁵	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	GWENLINCIA MAJOR 5577 HOUSTON RD APT 1201 MACON, GA 31216-4905	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 113.90
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
⁷⁶	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	HAROLD S THOMAS 94 EASTMONT LN SICKLERVILLE, NJ 08081-1938	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 125.60
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	

Part 2: Additional Page

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Amount of claim

3. ⁷⁷	Nonpriority creditor's name and mailing address Hide N Seek Towing and Recovery Inc 818-A Idlewood Rd Waynesboro, GA 30830	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 350.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷⁸	Nonpriority creditor's name and mailing address High Tech Recovery 9350 102nd Place South Boynton Beach, FL 33437	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 440.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷⁹	Nonpriority creditor's name and mailing address Hunton Andrews Kurth LLP Attn: Gregg Schmitt Dallas, TX 75202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 222,837.80
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁰	Nonpriority creditor's name and mailing address Hyde-N-Seek Recovery Inc PO Box 5604 Gainesville, FL 32627	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 575.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸¹	Nonpriority creditor's name and mailing address I R SERVICES 17424 WEST GRAND PARKWAY #150 Sugarland, TX 77479	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 508.78
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ⁸² Nonpriority creditor's name and mailing address IC Depositor LLC 2650 Meacham Blvd Fort Worth, TX 76137	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Basis for the claim: Master Receivables Purchase and Sale Agreement by and between Debtor and IC Depositor LLC		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. ⁸³ Nonpriority creditor's name and mailing address IMAGE ACCESS CORP 22 PARIS AVE, SUITE 210 Rockleigh, NJ 07647	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 23,800.00
Basis for the claim: Business Account		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁴ Nonpriority creditor's name and mailing address Innovate Master Trust c/o Delaware Trust Company 251 Little Falls Drive Wilmington, DE 19808	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Basis for the claim: Master Servicing and Custodial Agreement dated August 23, 2019 between Debtor and Innovate Master Trust		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁵ Nonpriority creditor's name and mailing address Innovate Master Trust c/o Delaware Trust Company 251 Little Falls Drive Wilmington, DE 19808	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Basis for the claim: Trust Administration Agreement dated August 23, 2019 between Debtor and Innovate Master Trust		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁶ Nonpriority creditor's name and mailing address Innovative Recovery Solutions 24654 N Lake #103448 Peoria, AZ 85383	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 688.00
Basis for the claim: Business Account		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ⁸⁷	Nonpriority creditor's name and mailing address JASON WILLIAM BUCK 500 East 3th street apartment 716 Kansas City, MO 64106	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 212.03
		Basis for the claim: Borrower Refund	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. ⁸⁸	Nonpriority creditor's name and mailing address JEAN CLAUDE LAROSE 2000 PROGRESS PKWY SUITE 800 Schaumburgh, IL 60196	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 422.67
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁹	Nonpriority creditor's name and mailing address JESSE L YEARTA 4 EDGEWOOD CIR CI Fort Oglethorpe, GA 30742	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 380.51
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹⁰	Nonpriority creditor's name and mailing address JONATHAN CRAWFORD 1827 RIDGE RD CHATHAM, IL 62629-2643	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 41.33
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹¹	Nonpriority creditor's name and mailing address JORGE DELGADO IBARRA 910 W JONES ST PLANO, IL 60545-1859	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 25.38
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ⁹²	Nonpriority creditor's name and mailing address JOSE RIOS MENDOZA 100 N HEARTHSTONE WA #4157 CHANDLER, AZ 85226	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 475.69
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹³	Nonpriority creditor's name and mailing address JULIE POTEAT PO BOX 676360 Dallas, TX 75267-6360	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 41.26
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹⁴	Nonpriority creditor's name and mailing address JURISCO PO Box 12939 Tallahassee, FL 32317-2939	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 3,550.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹⁵	Nonpriority creditor's name and mailing address KARUS 2515 OCTAVIA STREET UNIT 2 San Francisco, CA 94123	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 12,129.91
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹⁶	Nonpriority creditor's name and mailing address KIMBERLY BOUTTE 8633 KELLEY DR STOCKTON, CA 95209-2119	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 48.22
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

Line	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
3. ⁹⁷	KM2 Solutions, LLC 600 Eagleview Blvd Exton, PA 19341	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 83,335.63
		Basis for the claim: Business Account	
		Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ⁹⁸	KOBY AUSTIN EVANS 7514 LANTERN PARK AVE Apollo Beach, FL 33572-1596	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 99.81
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹⁹	KPMG LLC PO Box 120511 Dallas, TX 75312-0511	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 19,250.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰⁰	LAQUANDA GRANT 1404 TREILMORE DR LOT B CHARLESTON, SC 29407	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 83.23
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰¹	LARRY ARNOLD 4007 WEST SALINAS STREET San Antonio, TX 78207	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 70.58
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3. ¹⁰²	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	LARRY SCHUCKERS 230 DUTCHTOWN RD REYNOLDSVILLE, PA 15851-5918	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 31.12
		Basis for the claim: Borrower Refund	
		Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number _____	<input type="checkbox"/> Yes	
3. ¹⁰³	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 239.39
	LAWRENCE MORGAN 2145 98TH AV MIAMI, FL 33165-7519	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
3. ¹⁰⁴	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 2,515.00
	Lefkoff, P.C. 5555 Glenridge Connector, Ste. 900 Atlanta, GA 30342	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
3. ¹⁰⁵	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 48,113.95
	LOANPRO SOFTWARE LLC 172 N EAST PROMONTORY Farmington, UT 84025	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
3. ¹⁰⁶	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 3,710.00
	Location Services, LLC PO BOX 7879 Carol Stream, IL 60197	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. 107	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Locator Technologies LLC 1801 W Olympic Blvd Pasadena, CA 91199-1312	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,050.00
		Basis for the claim: Business Account	
		Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. 108	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	LONDA HUTTON 431 E WALLACE ST SHAWNEE, OK 74801-5936	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 166.69
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. 109	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	LUCIA GARNICA HERRING 4976 NW 49TH AVE Coconut Creek, FL 33073-4901	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 98.01
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. 110	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	LUIGI SANTOS 1545 N HOBART BLVD APT 105 Los Angeles, CA 90027-4939	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 66.32
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. 111	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	LYNETTE BLAIRE KEENEY 102 Boxwood Rd Red Lion, PA 17356	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 258.31
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ¹¹²	Nonpriority creditor's name and mailing address MA FANY MEDEROS CEDILLO PO Box 120511 Dallas, TX 75312-0511	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 702.91
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹¹³	Nonpriority creditor's name and mailing address MARC ANTHONY APOSTOL 736 Soto Street APT B Martinez, CA 94553-2619	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 154.25
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹¹⁴	Nonpriority creditor's name and mailing address MARGARITA MAR CEVALLOS 304 SUNSET LN LEBANON, PA 17046-2040	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 125.91
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹¹⁵	Nonpriority creditor's name and mailing address MARK MCCORD 741 CLAYTON RD ECRU, MS 38841-7723	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 478.45
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹¹⁶	Nonpriority creditor's name and mailing address Mars Recovery 27057 Hanna Rd Conroe, TX 77385	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 541.26
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹¹⁷	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	MARTHA A KIZER 5417 HIGHTOR LN MEMPHIS, TN 38125-4413		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 413.47
			Basis for the claim: Borrower Refund	
			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred	_____		
	Last 4 digits of account number	_____		
3. ¹¹⁸	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	MATILLION 79 Madison Avenue New York, NY 10016		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 75,652.50
			Basis for the claim: Business Account	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	_____		
3. ¹¹⁹	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	MATTHEW MILLER 3835 NW 22ND TE Cape Coral, FL 33993		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 492.03
			Basis for the claim: Borrower Refund	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	_____		
3. ¹²⁰	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	MELVIN J ALLEN 11033 W LINCOLN ST AVONDALE, AZ 85323-4558		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 56.79
			Basis for the claim: Borrower Refund	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	_____		
3. ¹²¹	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	Mercantile Partners, L.P. 2650 Meacham Blvd Fort Worth, TX 76137		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 18,476.93
			Basis for the claim: Business Account	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	_____		

Part 2: Additional Page

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Amount of claim

3. ¹²²	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	MFSI Towing & Recovery LLC 3274 Overland Rd Apopka, FL 32703	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,050.00
		Basis for the claim: Business Account	
		Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number _____	<input type="checkbox"/> Yes	
3. ¹²³	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	MICHAEL LUCAS 13603 W SAN JUAN AVE Litchfield Park, AZ 85340-3313	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 705.35
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
¹²⁴	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	MICHELLE LYNETTE JEWELL 202 NE 158TH AVE VANCOUVER, WA 98684-3343	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 20.49
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
3. ¹²⁵	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	MORGAN MITCHELL 10852 BELLONE WA Rancho Cordova, CA 95670	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 271.22
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
3. ¹²⁶	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	MVRECOVERY NATIONAL 2000 PROGRESS PKWY SUITE 800 SCHAUMBURGH, IL 60196	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 100,378.90
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	

Part 2: Additional Page

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Amount of claim

3. ¹²⁷	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	NANCY RODRIGUEZ 157 COUNTY ROAD 4874 NEWARK, TX 76071-3713	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 663.03
		Basis for the claim: Borrower Refund	
		Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number _____	<input type="checkbox"/> Yes	
3. ¹²⁸	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	National Asset Recovery Agency of FL LLC PO Box 6095 Hudson, FL 34674	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 535.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
¹²⁹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	National Vehicle Recovery of Georgia Inc PO Box 44081 Atlanta, GA 30336	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 350.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
3. ¹³⁰	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	NEXTWAVE RESOURCES, LLC ARA, Inc. c/o Wells Fargo Bank, N.A. MINNEAPOLIS, MN 55485	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,811.16
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
¹³¹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	NICHOLE JENKINS 2107 10TH ST CAMANCHE, IA 52730-1435	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 583.67
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	

Part 2: Additional Page

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Amount of claim

3. ¹³²	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	NOEL A BALMACEDA RUIZ	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 496.52
		Basis for the claim: Borrower Refund	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____		
	Last 4 digits of account number _____		
3. ¹³³	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	NORBERT OWUOR OBUNGA 9701 SE JOHNSON CREEK BLVD M205 Happy Valley, OR 97086-3659	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 28.93
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹³⁴	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	NUHA ALSAQQA 2626 E PK TALLAHASSEE, FL 32301	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 132.99
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹³⁵	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Oklahoma Repossessors LLC PO Box 271583 Oklahoma City, OK 73137	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 630.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹³⁶	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	OKTA INC PO BOX 743620 Los Angeles, CA 90074-3620	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 9,849.84
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ¹³⁷	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	One Choice Recovery (Columbus, OH) 4411 Carroll Southern Rd #B Carroll, OH 43112		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 350.00
			Basis for the claim: Business Account	
			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred	_____		
	Last 4 digits of account number	_____		
3. ¹³⁸	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Oregon Adjusters, Inc. 4818 Table Rock Rd. Central Point, OR 97502		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 500.00
			Basis for the claim: Business Account	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	_____		
3. ¹³⁹	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Palinode LLC 101 Westpark Dr Brentwood, TN 37027		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 750.00
			Basis for the claim: Business Account	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	_____		
3. ¹⁴⁰	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Paradigm Recovery 10565 Limonite Ave Mira Loma, CA 91752		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 350.00
			Basis for the claim: Business Account	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	_____		
3. ¹⁴¹	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Paymentus Group Inc PO BOX 749574 ATLANTA, GA 30374-9574		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,519.00
			Basis for the claim: Business Account	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	_____		

Part 2: Additional Page

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Amount of claim

3. ¹⁴²	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	PC COLLINS & ARNOVE COMPANY 4716 JUNIUS ST DALLAS, TX 75246-1054	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,211.17
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ¹⁴³	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	PETRINA HARDAWAY 629 PIPKIN DR MCDONOUGH, GA 30253-8692	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 23.74
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ¹⁴⁴	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Phantom Asset Recovery Inc 6511 NOVA DR #324 DAVIE, FL 33317	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,720.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ¹⁴⁵	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	PhinSolutions 14245 Saint Francis Blvd Ramsey, MN 55303	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 503.25
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ¹⁴⁶	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Point Predictive 12680 High Bluff Drive, Suite 200 San Diego, CA 92130	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 205,000.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

Part 2: Additional Page

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Amount of claim

3. ¹⁴⁷	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	PREMIER CONSUMER CAPITAL LLC 530 E. Los Angeles Ave Suite 115 #241 Moorpark, CA 93021-2079		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 803.78
			Basis for the claim: Business Account	
			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred	_____		
	Last 4 digits of account number	_____		
3. ¹⁴⁸	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Premier Recovery Services PO Box 2039 DENVER, NC 28037		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,900.00
			Basis for the claim: Business Account	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	_____		
3. ¹⁴⁹	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Quick Track Asset Recovery, LLC PO BOX 946 VIDALIA, LA 71373		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 765.00
			Basis for the claim: Business Account	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	_____		
3. ¹⁵⁰	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Recovery 911 LLC 2730 W Morris Street Indianapolis, IN 46221		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 350.00
			Basis for the claim: Business Account	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	_____		
3. ¹⁵¹	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Recovery Database Network 1620 S Stapley Dr Suite 232 Mesa, AZ 85204		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,520.76
			Basis for the claim: Business Account	
	Date or dates debt was incurred	_____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number	_____		

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁵²	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Reliable Recovery Serv (IL) 12109 S Paulina Street Calumet Park, IL 60827	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,805.00
		Basis for the claim: Business Account	
		Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number _____	<input type="checkbox"/> Yes	
3. ¹⁵³	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	RELX Inc. DBA LexisNexis 28330 Network Pl Chicago, IL 60673-1283	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 926.84
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
¹⁵⁴	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Republic Services 6100 Elliot Reeder Rd Fort Worth, TX 76117	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,138.03
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
¹⁵⁵	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	RIDER UGALDE 106 Willow Lake Dr Ward, AR 72176-9634	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 448.26
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
¹⁵⁶	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	ROBERT CONANT 3134 prairie sage New Braunfels, TX 78130-0313	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 773.98
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	

Part 2: Additional Page

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Amount of claim

Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
3. ¹⁵⁷ Romans Adjusters Inc 5300 Buford Jett Ln Balch Springs, TX 75180	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 113.66
	Basis for the claim: Business Account	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁵⁸ Nonpriority creditor's name and mailing address RONDY RENE 1014 INDIAN TRACE CIR APT 304 Riviera Beach, FL 33407-1154	As of the petition filing date, the claim is: Check all that apply.	\$ 385.47
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: Borrower Refund	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁵⁹ Nonpriority creditor's name and mailing address RouteOne, LLC 16902 Collections Center Dr. Chicago, IL 60693	As of the petition filing date, the claim is: Check all that apply.	\$ 3,939.16
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: Business Account	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶⁰ Nonpriority creditor's name and mailing address Rowlett Hill LLP 6060 N. Central Expressway Dallas, TX 75206	As of the petition filing date, the claim is: Check all that apply.	\$ 10,327.49
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: Business Account	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶¹ Nonpriority creditor's name and mailing address SCA APPRAISAL COMPANY P.O. Box 1455 Burbank, CA 91507	As of the petition filing date, the claim is: Check all that apply.	\$ 462.43
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: Business Account	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ¹⁶²	Nonpriority creditor's name and mailing address Scott France Consulting 159 Loma Blanca Lane Cresson, TX 76035	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 58,107.48
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶³	Nonpriority creditor's name and mailing address SEAN ONEAL 3192 AMBER TRL Pollock Pines, CA 95726-9261	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 148.53
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶⁴	Nonpriority creditor's name and mailing address Severson & Werson 595 Market Street San Francisco, CA 94105	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 4,345.95
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶⁵	Nonpriority creditor's name and mailing address SHERRY LYNN ACHA 4370 LAKESIDE CIR APT 332 SAGINAW, MI 48603-1352	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 46.47
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶⁶	Nonpriority creditor's name and mailing address SIMON QUINTERO 69 NORTH MAINE STREET APT B 302 Clearfield, UT 84015	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 80.15
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ¹⁶⁷	Nonpriority creditor's name and mailing address Sisense, Inc 1359 Broadway 4th Floor New York, NY 10018	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 82,000.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶⁸	Nonpriority creditor's name and mailing address Snatchmasters LLC 9999 Tara Blvd Jonesboro, GA 30236	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 350.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶⁹	Nonpriority creditor's name and mailing address SoftwareONE, Inc. 20875 Crossroads Cr. Ste. 1 Waukesha, WI 53186	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 27,947.54
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁷⁰	Nonpriority creditor's name and mailing address SOPHIE SODEN 2524 W MARY DR FAYETTEVILLE, AR 72704-5345	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 540.99
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁷¹	Nonpriority creditor's name and mailing address Speedy Recovery Inc (NV) PO Box 335037 North Las Vegas, NV 89033	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 425.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ¹⁷²	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	SUSAN HASSELBRING 11304 BEL AIR PL Oklahoma City, OK 73120-7910	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 42.33
		Basis for the claim: Borrower Refund	
		Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number _____	<input type="checkbox"/> Yes	
3. ¹⁷³	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 1,125.00
	T & L Recovery 5201 Powerline Road Ft. Lauderdale, FL 33309	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
3. ¹⁷⁴	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 31.15
	TERESA DAVIS 2605 PARKVIEW AVE APT 102 KNOXVILLE, TN 37914-5309	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
3. ¹⁷⁵	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 83.88
	TERRENCE EARL CHATMAN 319 LOCUST ST LYMAN, SC 29365-1535	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
3. ¹⁷⁶	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 350.00
	TF5 Recovery LLC (VA) & (FL) PO Box 220 Gainesville, VA 20156	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	

Part 2: Additional Page

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Amount of claim

3. ¹⁷⁷	Nonpriority creditor's name and mailing address The Hartford 1010 W Mockingbird Ln Ste 100 Dallas, TX 75247	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 121.12
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁷⁸	Nonpriority creditor's name and mailing address The Lender Advantage LLC 10421 STEVENSON ROAD, UNIT #106 STEVENSON, MD 21153	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 900.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁷⁹	Nonpriority creditor's name and mailing address THOMAS GRENFELL-STOPKO 21350 LANCASTER RUN ESTERO, FL 33928-6254	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 62.51
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁸⁰	Nonpriority creditor's name and mailing address Thomas Schwartz 193 SHADY GROVE LN WEATHERFORD, TX 76088	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Account	\$ 42,000.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁸¹	Nonpriority creditor's name and mailing address TINA SCOTT 296 VALENTINE HILL ROAD BELLEFONTE, PA 16823-2838	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Borrower Refund	\$ 357.82
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
3. ¹⁸² TJ's Recovery LLC PO BOX 331 THEODORE, AL 36590	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,400.00
	Basis for the claim: Business Account	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁸³ Nonpriority creditor's name and mailing address TODD MICHAEL BAILEY 485 S MEADOWBROOK DR UNIT 3 San Diego, CA 92114-7753	As of the petition filing date, the claim is: Check all that apply.	\$ 879.05
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: Borrower Refund	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁸⁴ Nonpriority creditor's name and mailing address Trans Union LLC PO Box 99506 CHICAGO, IL 60693-9506	As of the petition filing date, the claim is: Check all that apply.	\$ 31,054.07
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: Business Account	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁸⁵ Nonpriority creditor's name and mailing address TRISHA MAVRIANOS 329 GILES AV MIDDLESEX, NJ 08846-2006	As of the petition filing date, the claim is: Check all that apply.	\$ 182.68
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: Borrower Refund	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁸⁶ Nonpriority creditor's name and mailing address TTEC Digital, LLC fka Avtex Solutions, LLC PO BOX 856600 MINNEAPOLIS, MN 55485	As of the petition filing date, the claim is: Check all that apply.	\$ 36,702.70
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: Business Account	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

Line	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
3. ¹⁸⁷	Var Technology Finance P.O. Box 5066 Hartford, CT 06102-5066	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 9,854.48
		Basis for the claim: Business Account	
		Is the claim subject to offset?	
	Date or dates debt was incurred _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3. ¹⁸⁸	VAR Technology Finance 2330 I-30 Mesquite, TX 75150	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁸⁹	VAR Technology Finance 2330 Interstate 30 Mesquite, TX 75150	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
		Basis for the claim: Barracuda Email Protection Software	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁹⁰	Venture 4401 Cambridge Fort Worth, TX 76155-2629	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,556.81
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁹¹	Vertex Inc 2301 Renaissance Blvd King of Prussia, PA 19406	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,647.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ¹⁹²	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	VILMA VILLARES 7291 NW 174TH TER APT 101 HIALEAH, FL 33015-1115	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 710.13
		Basis for the claim: Borrower Refund	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. ¹⁹³	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	VINtek Inc DEALERTRACK for MUSA PO BOX 101674 Pasadena, CA 91189-1674	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 231.87
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁹⁴	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Wesley Auto Recovery Inc PA PO BOX 7 JAMISON, PA 18929	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 850.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁹⁵	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Whitley Penn LLP PO BOX 676360 DALLAS, TX 75267-6360	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 13,950.00
		Basis for the claim: Business Account	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁹⁶	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	WILLIAM YOUNG 14216 OAK MEADOWS BLVD HAMMOND, LA 70401-7340	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 39.73
		Basis for the claim: Borrower Refund	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
3. ¹⁹⁷ Windstream PO Box 3177 Cedar Rapids, IA 52406-3177	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 75,096.66
	Basis for the claim: Business Account	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁹⁸ WORKWAY, INC 5151 BELT LINE ROAD SUITE 430 DALLAS, TX 75254	As of the petition filing date, the claim is: Check all that apply.	\$ 25,620.54
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: Business Account	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁹⁹ XAVIER J PEARSON 2805 ANITA AVE N Lehigh Acres, FL 33971	As of the petition filing date, the claim is: Check all that apply.	\$ 44.25
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: Borrower Refund	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁰⁰ YOLANDA HUGGENS POINTER 13301 PENDLETON ST Fort Washington, MD 20744-5425	As of the petition filing date, the claim is: Check all that apply.	\$ 61.09
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: Borrower Refund	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁰¹ ZACKARY RICKETT 4215 HALLOWING POINT RD Prince Frederick, MD 20678-3436	As of the petition filing date, the claim is: Check all that apply.	\$ 72.54
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: Borrower Refund	
Date or dates debt was incurred _____	Is the claim subject to offset?	
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

		Total of claim amounts
5a.	Total claims from Part 1	5a. \$ <u>0.00</u>
5b.	Total claims from Part 2	5b. + \$ <u>2,646,270.49</u>
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <u>2,646,270.49</u>

Fill in this information to identify the case:

Debtor name Innovate Loan Servicing Corporation
United States Bankruptcy Court for the: Northern District of Texas
Case number (If known): 24-42243-MXM11V Chapter 11

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

See Attached Schedule G

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.5 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Contract Title	Dated	Vendor_Name	Vendor_Address	Vendor_City	Vendor_County	Zip
Servicing and Custodial Agreement		ADAF, LLC	6520 State Route 96	Victor	NY	14564
		Adobe				
Dynamics SOW	12/29/2021	Adrytech	20860 N Tatum Blvd, Suite 300	Phoenix	AZ	85050
Security Quote	07/18/2022	Adrytech	2222 W Parkside Lane, Suite 111	Phoenix	AZ	85027
Servicing Agreement	12/19/2014	AEGIS	PO Box 720605	Norman	OK	73070
		Amazon	410 Terry Avenue North	Seattle	WA	98109
AT&T Business Network Express Bundle Agreement	02/05/2014	AT&T	One AT&T Way	Bedminster	NJ 07921	7921
AT&T Business Network Express Bundle Agreement		AT&T Cell phones	One AT&T Way	Bedminster	NJ 07921	7921
Servicing and Custodial Agreement		Atlantic Acceptance Corp.	800 Village Square Crossing, Suite 100	Palm Beach Gardens	FL	33410
		AUCTION DIRECT				
Consignor Services Agreement	09/07/2013	Auto IMS Annual (Auto Auction Services Corporation)	50 Glenlake Parkway NE, Suite 100	Atlanta	GA	30328-3486
Consignor Services Agreement		Auto IMS monthly	50 Glenlake Parkway NE, Suite 100	Atlanta	GA	30328-3486
Servicing Agreement	5/5/2014	BARTON CREEK AUTO CREDIT	8101 Cameron Road, Suite 208	Austin	TX	78754
Proposal	12/18/2023	BCBS	PO Box 660044	Dallas	TX	75266
Box Shuttle Terms of Use & License Invoice	02/25/2022	Box	PO Box 884666	Los Angeles	CA	90088
Master Servicing and Custodial Agreement		Buckle Leasing LLC	111 Town Square Place	Jersey City	NJ	07310
Purchase and Sale Agreement	08/30/2024	Buckle Leasing LLC Buckle Transportation Trust	2690 Buford Hwy NE	Atlanta	GA	30324
2019-1 SUBI Supplement to Servicing Agreement		Buckle Transportation Trust	111 Town Square Place	Jersey City	NJ	07310
Verbal Agreement	4/2/2019	Burr & Forman LLP	PO Box 830719	Birmingham	AL	35283
Solution and Pricing Proposal & Service Agreement	06/09/2022	Calltower	10701 S River Front Pkwy, Suite 100	South Jordan	UT	84095
Data License Agreement	01/28/2022	CarFax	5860 Trinity Parkway, Suite 600	Centreville	VA	20120
Proposal	6/21/2022	CAUSE+EFFECT STRATEGY	PO BOX 93100	ROCHESTER		14692
Lease Agreement	01/07/2011	CIT Laptops	1 CIT Drive	Livingston	NJ	7039
		Clickup				
Vehicle Auction Agreement	09/01/2023	Copart Inc.	14185 Dallas Parkway, Ste 300	Dallas	TX	75254
		Corecovery				
Cloud Proposal	12/05/2021	Couchdrop				
		Cox automotive				
Statement of Work	01/05/2022	CrossBridge Global Partners	9542 W. Bethel Crt	Boise	ID	83709
Standard Commercial Security Agreement	11/28/2023	Dallas Security	10731 Rockwall Road	Dallas	TX	75238
Master Hosted Managed Services Agreement	10/06/2023	Data Oceans	2400 Lakeview Parkway	Alpharetta	GA	30009
Lease Agreement	11/3/2021	Datamax	PO Box 2235	St. Louis	MO	63109
Lender Agreement	12/21/2017	Dealer Track	3400 New Hyde Park Road	North Hills	NY	11040
Remote Access Software License Agreement	03/29/2012	Decision Dynamics LLC	PO Box 2078	Lexington	SC	29071
Application Services Agreement	02/17/2017	defi Solutions Inc	1500 Solana Blvd	Westlake	TX	76262
Innovate Master Trust Amended and Restated Trust Agreement dated 8/23/2019	08/23/2019	Delaware Trust Company ("DTC")	251 Little Falls Drive	Wilmington	DE	19808
Master Servicing and Custodial Agreement dated 8/23/2019	08/23/2019	Delaware Trust Company ("DTC")	251 Little Falls Drive	Wilmington	DE	19808

Contract Title	Dated	Vendor_Name	Vendor_Address	Vendor_City	Vendor_County	Zip
ATSI Servicing Supplement to Master Servicing and Custodial Agreement (Series 2019-1 - Medalist)	09/30/2019	Delaware Trust Company ("DTC")	251 Little Falls Drive	Wilmington	DE	19808
ATSI Servicing Supplement to Master Servicing and Custodial Agreement (Series 2019-2 - Moss Tree)	10/22/2019	Delaware Trust Company ("DTC")	251 Little Falls Drive	Wilmington	DE	19808
ATSI Servicing Supplement to Master Servicing and Custodial Agreement (Series 2020-1 - Crayhill)	02/11/2020	Delaware Trust Company ("DTC")	251 Little Falls Drive	Wilmington	DE	19808
ATSI Servicing Supplement to Master Servicing and Custodial Agreement (Series 2022-1 - Medalist)	03/25/2022	Delaware Trust Company ("DTC")	251 Little Falls Drive	Wilmington	DE	19808
ATSI Servicing Supplement to Master Servicing and Custodial Agreement (Series 2022-2 - Innovate Funding LLC)	06/09/2022	Delaware Trust Company ("DTC")	251 Little Falls Drive	Wilmington	DE	19808
ATSI Servicing Supplement to Master Servicing and Custodial Agreement (Series 2022-3 - Edge Focus)	07/27/2022	Delaware Trust Company ("DTC")	251 Little Falls Drive	Wilmington	DE	19808
ATSI Servicing Supplement to Master Servicing and Custodial Agreement (Series 2023-1 - Carly)	05/31/2023	Delaware Trust Company ("DTC")	251 Little Falls Drive	Wilmington	DE	19808
ATSI Servicing Supplement to Master Servicing and Custodial Agreement (Series 2023-2 - Monachil)	06/16/2023	Delaware Trust Company ("DTC")	251 Little Falls Drive	Wilmington	DE	19808
Engagement Letter		Denius Law PA	4767 New Broad Street Suite 333	Orlando	FL	32814
Master Services Agreement	09/29/2017	DRN	4150 International Plaza, Towe	Fort Worth	TX	76109
		Ease				
		e-Oscar				
Universal Membership Agreement	04/01/2023	Equifax	11432 Laleland Road	St. Louis	MO	63146
Transportation Services Agreement	08/13/2023	Fed Ex				
Commercial Lines Insurance Policy (Bond)	08/6/23 - 8/6/2024	Fortegra Specialty Insurance Company	10751 Deerwood Park Blvd, Suite 200	Jacksonville	FL	32256
Commercial Lines Insurance Policy (D&O)	08/6/23 - 8/6/2024	Fortegra Specialty Insurance Company	10751 Deerwood Park Blvd, Suite 200	Jacksonville	FL	32256
		Fuse				
Master Application	12/09/2022	Guardian	5850 Granite Parkway, Suite 800	Dallas	TX	75204
Quote	6/9/2022	IMAGE ACCESS CORP	22 PARIS AVE, SUITE 210	ROCKLEIGH	NJ 07060	07060
Servicing and Custodial Agreement	12/07/2021	Inn Fin Ser Inc.	17395 N Bay Rd. #210	Sunny Isles Beach	FL	33160
Premium Finance Agreement	10/19/2022	Insurance	353 North Clark Street, 11th Floor	Chicago	IL	60654
		Iron Mountain				
		Jurisco (Bonds)				
Master Servicing and Custodial Agreement (as Supplemented)	2/1/2018	Karma Auto Trust	1100 North Market Street	Wilmington	DE	19890
2018-1 SUBI Supplmt to MSCA	2/1/2018	Karma Auto Trust	1100 North Market Street	Wilmington	DE	19890
License Services Agreement	01/14/2022	Karus	2515 Octavia Street Unit 2	San Francisco	CA	94123
Professional Services Agreement	11/09/2022	KM2	600 Eagleview Blvd, Suite 300	Exton	PA	19341

Contract Title	Dated	Vendor_Name	Vendor_Address	Vendor_City	Vendor_County	Zip
Letter	03/04/2023	KPMG	345 Park Avenue	New York	NY	10154
Renewal Agreement	07/13/2022	LexisNexus				
		License and fees (State licensing & applicable fees)				
Service Agreement	04/18/2022	Loan Pro	164 N West Promontory Way,	Farmington	UT	884025
		Loan Pro Postage				
Agreement	04/17/2013	Locator technology				
Software Order Form	4/12/2022	MATILLION	Station House, Stamford New Road, Atrincham Greater Manchester	Altrinch	GM	WA14 1EP
		Mercantile Electric				
Basic Lease Information	11/30/2022	Mercantile Rent	2650 Meacham Blvd	Fort Worth	TX	76137
Purchase and Sale Agreement	12/27/2023	MUSA Auto I, LLC MUSA Auto II, LLC	c/o Crestline Direct Finance, LP	Fort Worth	TX	76109
Second Amended and Restated Servicing and Custodial Agreement	6/30/2021	MUSA Auto Leasing	1100 North Market Street	Wilmington	DE	19890
		NDC				
Master Subscription Agreement	06/14/2022	Okta	100 1st Street	San Francisco	CA	94105
Servicing and Custodial Agreement	1/16/2019	PAGAYA				
Software-as-a-Service Customer Agreement	05/31/2019	Palinode	101 Westpark Drive, Suite 100	Brentwood	TN	37027
Client Services Agreement	10/08/2019	Paycor	811 Montgomery Rd	Cincinnati	OH	45212
Services Agreement	10/31/2012	PHIN	14245 St. Francis Blvd, Suite 10	Ramsey	MN	55303
Master Agreement	6/29/2022	Point Predictive	12680 High Bluff Drive	San Diego	CA	92130
Servicing Agreement	12/13/2016	Quantum3 Group, LLC	12006 98th Avenue NE Suite 200	Kirkland	WA	98034
		Quickview				
Lender Network Services Agreement	05/14/2012	RDN	13085 Hamilton Crossing Blvd	Camel	IN	46032
		REPO_REMARKETING				
Customer Service Agreement	12/7/2016	Republic Services	6100 Elliot Reeder Rd	Fort Worth	TX	76117
		Retool				
Finance Source Access and Services Agreement	02/07/2018	Route One	31500 Northwestern Hwy, Suite 100	Farmington Hills	MI	48334
Verbal Agreement	11/1/2021	Rowlett Hill LLP	6060 N Central Parkway	Dallas	TX	75206
Lloyds Cyber Insurance (Network Security/Privacy Liability)	08/6/23 - 8/6/2024	RT Specialty	180 N Stetson Avenue Suite 4600	Chicago	IL	60601
		SADINO				
Indpendent Contractor Agreement	2/1/2019	Scott France Consulting	159 Loma Blanca Lane	Cresson	TX	76035
Workers Compensation & Employers' Liability Insurance Policy	9/20/2023	Security National Insurance Company	800 Superior Avenue East 21st Floor	Cleveland	OH	44114
Verbal Agreement		Severson & Werson	595 Market Street Suite 2600	San Fransico	CA	94105
Sisense Fusion Embed and Subscription Agreement	01/03/22-01/02/2025	Sisense, Inc	1359 Broadway 4th Floor	New York	NY	11106

Contract Title	Dated	Vendor_Name	Vendor_Address	Vendor_City	Vendor_County	Zip
		Slack				
License Agreement	1/23/2018	SoftwareONE, Inc.	20875 Crossroads Cr. Ste. 1	Waukesha	WI	54401
Servicing Agreement		Tenet				
Servicing Agreement	5/17/2022	Theorem Main Fund Auto Holdings Tru	400 Concar Drive	San Mateo	CA	94402
Backup Servicing Agreement	7/13/2022	Theorem Main Fund Auto Holdings Tru	400 Concar Drive	San Mateo	CA	94402
Notice of Termination and Separation Agreement		Thomas Schwartz	193 Shady Grove Lane	Weatherford	TX	76088
Subscriber Agreement	10/11/2012	TLO				
Remarketing Servicing Agreement	3/2/2018	Town & Country Federal Credit Union				
TransUnion Data Furnishers Reporting Agreement	9/6/2016	Trans Union	555 West Adams	Chicago	IL	60661
Master Sales Agreement	5/7/2021	TTEC (Avtex)	3500 American Blvd West, Suit	Bloomington	MN	55431
		TTEC phone Usage				
Equipment Lease Agreement	5/18/2020	Var Technology Finance	P.O. Box 5066	Hartford	CT	06102
Master Services Agreement	8/6/2013	Venture	1170 Grey Fox Road	Arden Hills	MN	55112
		Verifacto				
		Wells Fargo (Bank Fees)	1200 Montego Way	Walnut Creek	CA	94598
		WEX				
Engagement Letter	3/28/2023	Whitley Penn	8343 Douglas Avenue, Suite 40	Dallas	TX	75225
Proposal and Windstream Service Terms and Conditions	8/14/2019	Windstream	PO Box 3177	Cedar Rapids	IA	52406
WOLLEMI						
Servicing and Custodial Agreement	6/30/2022	Yield Solutions Group, LLC	5775 DTC Blvd. #400	Greenwood Village	CO	80111
Servicing and Custodial Agreement		ZOHO				

Fill in this information to identify the case:

Debtor name Innovate Loan Servicing Corporation

United States Bankruptcy Court for the: Northern District of Texas

Case number (if known): 24-42243-MXM11V

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	Check all schedules that apply:
Name	Mailing address	Name	
2.1			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case and this filing:

Debtor Name Innovate Loan Servicing Corporation
United States Bankruptcy Court for the: Northern District of Texas
Case number (If known): 24-42243-MXM11V

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)*
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)*
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)*
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*
- Schedule H: Codebtors (Official Form 206H)*
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)*
- Amended Schedule _____*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)*
- Other document that requires a declaration_____*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/16/2024
MM / DD / YYYY

 /s/ Preston Miller

Signature of individual signing on behalf of debtor

Preston Miller

Printed name

President

Position or relationship to debtor